

APR 23 2004

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

Approved for use through 07/31/2008. GMB 055 F-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	Pillar 715
First Named Inventor	David Alan Burton
COMPLETE IF KNOWN	
Application Number	10/696,327
Filing Date	October 28, 2003
Art Unit	2154
Examiner Name	Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Data Replication in Data Storage Systems

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) October 28, 2003 as United States Application Number or PCT International

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s) and Filing Dates					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
before that of the application on which priority is claimed.					
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below

Name

Robert Moll

Address

1173 Saint Charles Court

City

Los Altos

State

CA

ZIP

94024

Country

US

Telephone

650-567-9153

Fax

650-567-9183

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) David Alan

Family Name

or Surname Burton

Inventor's Signature


Date

4/15/04

Residence: City
VailState
AZCountry
USCitizenship
USMailing Address
7120 S Red Hill RoadCity
VailState
AZZIP
85641Country
US**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

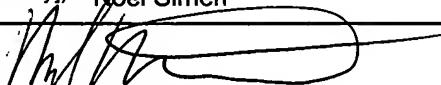
Given Name

(first and middle [if any]) Noel Simen

Family Name

or Surname Ottemess

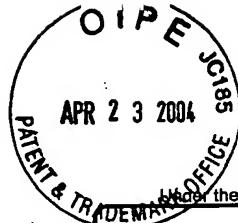
Inventor's Signature


Date

4/15/2004

Residence: City
LafayetteState
COCountry
USCitizenship
USMailing Address
2524 Cowley DriveCity
LafayetteState
COZIP
80026Country
US

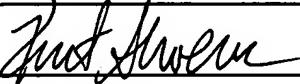
Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.



APR 23 2004

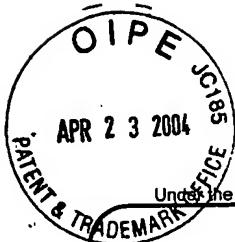
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Kurt Alan		Shoens	
Inventor's Signature			Date <u>4/15/2004</u>
Residence: City	Los Altos	State	CA
Mailing Address	852 Madonna Way		
Mailing Address			
City	Los Altos	State	CA
Zip	94024	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (09-03)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/696,327
Filing Date	October 28, 2003
First Named Inventor	David Alan Burton
Title	Data Replication in Data Storage Sys
Art Unit	2154
Examiner Name	Unknown
Attorney Docket Number	Pillar 715

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Robert Moll	33,741

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Robert Moll	
Address	1173 St. Charles Court		
Address			
City	Los Altos	State	CA
Country	United States of America		
Telephone	650-567-9153	Fax	650-567-9183

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

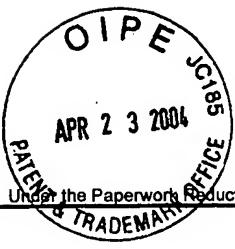
Name	David Alan Burton		
Signature			
Date	4/15/04	Telephone	720-494-3384

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/696,327
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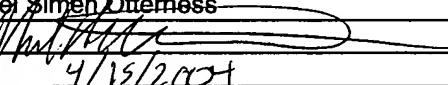
<input checked="" type="checkbox"/>	Firm or Individual Name	Robert Moll	
Address	1173 St. Charles Court		
Address			
City	Los Altos	State	CA
Country	United States of America		
Telephone	650-567-9153	Fax	650-567-9183

I am the:

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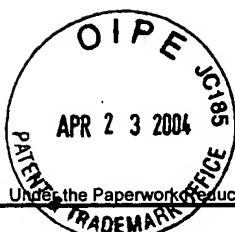
Name	Noel Simen Otterness
Signature	
Date	4/15/2021
Telephone	720-494-3393

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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SIGNATURE of Applicant or Assignee of Record

Name	Kurt Alan Shoens		
Signature			
Date	4/15/2004	Telephone	408-503-4000

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